

## Entry Blank—Please Type or Print

*Sale* *jm*  
*vault*

- Ms./Artist  
 Mr./Artist

Roberta Williamson

(last name last)

Permanent  
Address

140 Manning Dr. Berea

Street

City

Ohio 44017

Daytime Tel. (216) 234-4877

Zip

area

Temporary or  
Studio Address

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? —

Collaborator (if any) —

If May Show entries are not accepted or are not sold:

- Artist will pick up at Museum.  
 Museum should dispose of.  
 Museum should ship to artist at artist's expense:

Street

City

State

Zip

### Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

**The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.**

Signature

Roberta Williamson

I have received the unsold/unaccepted object(s) in good condition.

Signature

Roberta Williamson

# Entry Blanks

**A**

- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Paintings | <input type="checkbox"/> Graphics          | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Sculpture | <input checked="" type="checkbox"/> Crafts | (specify category)                   |

Materials used (media):

Sterling / 24 k gold overlay

Title

Rec'd 3/30 ACB

"Each and Every one was special"

|                           |                                |  |
|---------------------------|--------------------------------|--|
| Price or NFS<br>\$1200.00 | Insurance Value<br>if NFS Only | Size<br>20" long<br>height x width x depth |
|---------------------------|--------------------------------|--|

## GRAPHICS AND PHOTOGRAPHY ONLY

| Additional No.<br>For Sale                      | Total No. in<br>Edition                         | Price of Print<br>Unframed           | Price of<br>Frame Only |
|---|---|--------------------------------------|------------------------|
| ACCEPTED<br><input checked="" type="checkbox"/> | DO NOT WRITE IN THIS SECTION<br>jm - 1<br>8a jm | ACCEPTED<br><input type="checkbox"/> |                        |

| ACCEPTED<br><input checked="" type="checkbox"/> | DO NOT WRITE IN THIS SECTION<br>jm - 1<br>8a jm     | ACCEPTED<br><input type="checkbox"/>                |
|---|---|---|
| NOT ACCEPTED<br><input type="checkbox"/>        | NOT ACCEPTED<br><input checked="" type="checkbox"/> | NOT ACCEPTED<br><input checked="" type="checkbox"/> |

**B**

- |                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Paintings | <input type="checkbox"/> Graphics          | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Sculpture | <input checked="" type="checkbox"/> Crafts | (specify category)                   |

Materials used (media):

Antique African Beads

Sterling

Title

Paintbrush Stroke Necklace

|                           |                                |  |
|---------------------------|--------------------------------|--|
| Price or NFS<br>\$1200.00 | Insurance Value<br>If NFS Only | Size<br>20" long<br>height x width x depth |
|---------------------------|--------------------------------|--|

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| Additional No.<br>For Sale                      | Total No. in<br>Edition                            | Price of Print<br>Unframed                      | Price of<br>Frame Only                       |
|---|--|---|--|
| ACCEPTED<br><input checked="" type="checkbox"/> | DO NOT WRITE<br>IN THIS SECTION<br>jm - 2<br>9a jm | ACCEPTED<br><input checked="" type="checkbox"/> | REC'D<br><input checked="" type="checkbox"/> |

| ACCEPTED<br><input checked="" type="checkbox"/> | DO NOT WRITE<br>IN THIS SECTION<br>jm - 2<br>9a jm  | ACCEPTED<br><input checked="" type="checkbox"/>     | REC'D<br><input checked="" type="checkbox"/> |
|---|---|---|--|
| NOT ACCEPTED<br><input type="checkbox"/>        | NOT ACCEPTED<br><input checked="" type="checkbox"/> | NOT ACCEPTED<br><input checked="" type="checkbox"/> | DATE<br>2/28                                 |

Detach entire portion along dotted line and submit with slides, but retain tags